

## CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

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State of California  
Department of Consumer Affairs  
Gray Davis, Governor



## APPLICATION INSTRUCTIONS

**Please read the instructions before completing the application.** Although most questions are self-explanatory, where necessary, information is provided here to assist you in completing certain sections.

This application can be used to apply for licensure as an occupational therapist (OT), certification as an occupational therapy assistant (OTA), or to apply for a limited permit as either an OT or OTA.

**Limited Permits:** Limited permits are designed for recent graduates of occupational therapy degree programs. You may apply for a limited permit if you have completed the academic and fieldwork requirements for licensure or certification and are waiting for the next available examination or examination results. If you fail to take and pass the first available examination, the limited permit will be cancelled and you will not be able to practice occupational therapy or assist in the practice of occupational therapy until you pass the examination.

Limited permit applications must be supported by verification from the National Board for Certification in Occupational Therapy (NBCOT) that you are eligible to test or are waiting for the results of the examination. You must have NBCOT send your examination results directly to the Board. Upon verification from NBCOT that you have passed the examination, the Board will send information to you on how to obtain your license or certificate. (You will not be required to submit a new application.)

Limited permit holders may practice only under the direct supervision of an occupational therapist certified by the NBCOT. After January 1, 2003, the supervisor must be licensed by this Board.

### **Section I: Personal Data**

- A. Give your full name as you will use it in practice.
- D. Other names used (maiden, married, etc., including your legal name if it is different than as provided in A above).
- F. You must provide your residence address. It cannot be a post office box.
- G. You may also provide an alternate address to be used as your "address of record." The Board is required to disclose your address of record to the public upon request. You may use a post office box as your address of record. **You must notify the Board, in writing, of any change in your residence address and address of record, within 30 days of the change.**
- J. Disclosure of your Social Security Number (SSN) is mandatory. Your SSN will be used exclusively for tax enforcement purposes, verification of licensure and/or examination status, and verification of child support mandates. It may also be used for reporting to the Health Care Integrity and Protection Data Bank. If you fail to disclose your SSN, you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. You must have must a SSN before a license, certificate or limited permit can be issued.

## **Section II: Current/Previous License, Registration, Certificate**

If you hold or have held a license, registration, or certificate in occupational therapy or any other health related profession in any state or country, you must have each jurisdiction complete and return the ENDORSEMENT FORM to the Board. You need not list NBCOT registration/certification under this section.

## **Section III: Self-explanatory**

## **Section IV: Examination**

If you have not taken and passed either the NBCOT examination or the American Occupational Therapy Certification Board (AOTCB) examination and you are applying for licensure or certification on the basis of your current practice, you must submit a WORK/EXPERIENCE VERIFICATION FORM for each occupational therapy employer. Complete the top portion of the form before giving it to the employer for completion. The employer should send the completed form directly to the Board. **Your application must be received by the Board on or before January 1, 2003, to qualify under this method.**

## **Section V: Work/Experience Verification**

For the last five years, list the name and address of each of your occupational therapy employers, beginning with the most recent. If you have not worked as an OT or OTA in the last five years, so indicate. Do not send the WORK/EXPERIENCE VERIFICATION FORM if you have taken the certification examination.

## **Section VI: Disciplinary Actions, Fitness for License, Criminal History Data**

If you have had disciplinary action taken against a professional health care related license, registration or certificate, and/or been convicted of a crime, please attach: (1) a detailed explanation of the circumstances surrounding each incident; (2) a **certified copy** of the disciplinary order, record of conviction, and police report; (3) proof of completion of probation; (4) documentation of your efforts at rehabilitation; and (5) verification that any fine imposed has been paid or that current payments are being made.

If you have ever been fired, discharged, or had employment terminated for any reason from a health-related employer, you must include a detailed explanation of the circumstances.

If you have a condition that in any way impairs or limits your ability to practice with reasonable skill and safety, please submit a written explanation of the circumstances, official inpatient and outpatient treatment records if applicable, and a statement regarding your efforts at rehabilitation. You may be asked to provide other pertinent information by the Board's Enforcement Unit.

Failure to include the information requested in this section with your application will delay the decision on your eligibility for licensure, certification or a limited permit.

## **Section VII: Fingerprints and Photograph Requirements**

All applicants are required to submit fingerprints for the purpose of conducting criminal background checks through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). There are two methods available for submitting fingerprints. The first method is by rolling fingerprints on a standard 8"X 8" fingerprint card. Two cards must be submitted, one for the DOJ and the other for the FBI. The second method is through a process called "Live Scan." This method electronically scans and

transmits your fingerprints from the Live Scan site to the DOJ and is the method recommended by the Board. However, Live Scanning can only be performed in California for California residents. Additionally, it is not available in some parts of the State.

#### INSTRUCTIONS FOR SUBMITTING HARD COPY FINGERPRINTS:

If you are unable to locate a Live Scan site in your area, please contact the Board and two fingerprint cards will be sent to you. Fingerprint cards must be submitted in the same name as shown on the application.

Applicants must complete all items marked with a black X to facilitate prompt and accurate processing by the DOJ. Type or print legibly in **BLACK INK** all requested information on each card. If any color other than black is used, the card will be rejected and another card(s) will have to be completed and submitted. Use the abbreviations listed below for physical description items:

SEX: Female= F Male= M

HEIGHT (HGT): Express in feet and inches. Do not use fractions of an inch - round to the nearest inch. Example: 5'9". **DO NOT USE THE METRIC SYSTEM.**

WEIGHT (WGT): Express in pounds. Do not use fractions of a pound - round to the nearest pound. Example: 140 lbs. **DO NOT USE THE METRIC SYSTEM.**

COLOR OF EYES:	Black	BLK	Gray	GRY
	Blue	BLU	Green	GRN
	Brown	BRN	Hazel	HZL

COLOR OF HAIR:	Bald	BLD	Gray	GRY
	Black	BLK	Red/Auburn	RED
	Blonde	BLN	Sandy	SDY
	Brown	BRN	White	WHI

Each applicant must have his or her fingerprints imprinted in **BLACK INK** on each card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. You are advised to call the agency first to obtain information regarding availability of the service and rolling fees.

**DO NOT FOLD FINGERPRINT CARDS. If your card is folded, you will need to complete and submit new fingerprint card(s). Use a 9”X 12” envelope to submit your application and fingerprint cards to the Board and write, “DO NOT FOLD” on the envelope.** You must submit a check or money order in the amount of \$56.00 for processing (\$32.00 for DOJ, \$24.00 for FBI) made payable to the Board of Occupational Therapy. (If you choose the Live Scan method, these fees will be paid to the Live Scan operator.) Fingerprint fees are non-refundable and are subject to change without notice.

#### LIVE SCAN FINGERPRINT INFORMATION AND PROCEDURES

Live Scanning expedites the fingerprint clearance process because results are generally available within 72 hours.

#### **What is Live Scan Fingerprinting?**

Live Scan is inkless electronic fingerprinting. The digitized fingerprints are electronically transmitted to the DOJ for completion of a criminal record check.

## **Where are Live Scan Sites located?**

There are more than 200 Live Scan sites throughout the state. A complete listing of Live Scan sites is available on the DOJ web site at <http://www.caag.state.ca.us/fingerprints/publications/contact.pdf>. Business hours are noted for each location. However, you are encouraged to call the site first to determine if an appointment is necessary.

## **What are the fees for Live Scan fingerprinting?**

The fees for Live Scan fingerprinting include:

- A \$56 processing fee (\$32 DOJ and \$24 FBI).
- A “rolling fee” of \$5 - \$30. This fee is determined by the local Live Scan agency.
- **You are required to pay the processing and rolling fees at the Live Scan site.**

## **Live Scan Procedures:**

1. Complete the Board's “Request for Live Scan Service” form BCII 8016 in triplicate.
2. Take the completed form (in triplicate) to the Live Scan site.
3. Pay the processing and rolling fees at the Live Scan site.
4. Submit Part 2 of the form to the Board with your license/certificate/limited permit application. **If you choose the Live Scan process, the Board cannot process your application without this form.**

In addition to fingerprint requirements, you must also send a 2"x 2" passport quality photograph of yourself taken within the past six months. Be sure to staple the photograph to the application so that your face is completely visible.

## **Section VIII: Self-explanatory**

### **Other General Information:**

Send your application to:      California Board of Occupational Therapy  
444 North Third Street, Suite 410  
Sacramento, CA 95814

You will be notified when your application has been approved or whether there are deficiencies that must be corrected before the application can be approved.

Once approved, you will be notified of the license, certificate, or limited permit fees owed. Your initial license or certificate will expire on the last date of your birth month and will be subject to renewal.